

RCE FILED 2-14-05

Application or Docket Number

09490748

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2004

RCE

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |    |              |                          |
|----------------------------------|----|--------------|--------------------------|
| TOTAL CLAIMS                     |    |              |                          |
| FOR                              |    | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 45 | minus 45 =   | —                        |
| INDEPENDENT CLAIMS               | 3  | minus 13 =   | —                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |    |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|--------------------------|---|------------------|
|  |             | Minus                                     | **                       | =   |                  |
|  | Total       | *   | Minus                    | **  | =                |
|  | Independent | *   | Minus                    | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   | <input type="checkbox"/> |   |                  |

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 395.00 |
| X —       | —      |
| X —       | —      |
| + —       | —      |
| TOTAL     | 395    |

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 790.00 |
| X —       | —      |
| X —       | —      |
| + —       | —      |
| TOTAL     | —      |

OTHER THAN  
SMALL ENTITY  
OR

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X —                | —                      |
| X —                | —                      |
| + —                | —                      |
| TOTAL<br>ADDT. FEE | —                      |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X —                | —                      |
| X —                | —                      |
| + —                | —                      |
| TOTAL<br>ADDT. FEE | —                      |

| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|--------------------------|---|------------------|
|  |             | Minus                                     | **                       | =   |                  |
|  | Total       | *   | Minus                    | **  | =                |
|  | Independent | *   | Minus                    | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   | <input type="checkbox"/> |   |                  |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X —                | —                      |
| X —                | —                      |
| + —                | —                      |
| TOTAL<br>ADDT. FEE | —                      |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X —                | —                      |
| X —                | —                      |
| + —                | —                      |
| TOTAL<br>ADDT. FEE | —                      |

| AMENDMENT C                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-------------|---|--------------------------|---|------------------|
|  |             | Minus                                     | **                       | =   |                  |
|  | Total       | *   | Minus                    | **  | =                |
|  | Independent | *   | Minus                    | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   | <input type="checkbox"/> |   |                  |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X —                | —                      |
| X —                | —                      |
| + —                | —                      |
| TOTAL<br>ADDT. FEE | —                      |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| X\$ —              | —                      |
| X —                | —                      |
| + —                | —                      |
| TOTAL<br>ADDT. FEE | —                      |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.